PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address: and/or (b) indicating a separate "FEE ADDRESS"

or maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the		
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West					Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission			
westient, New Jersey 07090					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					William A. Di Bianca		(Depositor's name)	
					/Willian	m A. Di Bianca/	(Signature)	
						ber 2, 2009	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		IED INVENT	FOR ATTORNEY DOCKET NO SPINE 3.0-437CIP		O. CONFIRMATION NO.	
10/784,629	02/23/2004	Josep		n P. Errico		CIPCIPCIPCIPCIPCOV	, 8400	
TITLE OF INVENTION	INSTRUMENTA ENGAGEMENT		ANIPULAT	ING ARTIFI	CIAL INTERV	ERTEBRAL DISC TRIALS	S HAVING ACYLINDRICAL	
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	no	\$1,510	0.00	\$30	00.00	\$1,810.00	11/28/2009	
EXAM	INER	ARTU	NIT	NIT CLASS-SUBCLASS				
		377			099000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Lerner, David, Littenberg, Krumholz & Mentlik, LLP					
3. ASSIGNEE NAME A PLEASE NOTE: Unle	ess an assignee is identificorth in 37 CFR 3.11. Co	A TO BE PRINed below, no as	signee data v form is NO	vill appear on Γ a substitute	the patent. If a for filing an as		w, the document has been filed	
SpineCore, Inc.				Summit, Ne	w Jersey			
Please check the appropriate	e assignee category or category	ories (will not be p	printed on the	· -	Individual	X Corporation or other priva	ate group entity Government	
4a. The following fee(s)	are enclosed:		4b.	Payment of F	ee(s):			
X Issue Fee	No small entity discount	t normitted)	\exists		ount of the fee(s			
X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095								
5. Change in Entity Sta	tus (from status indicate	ed above)		_				
	ms SMALL ENTITY sta						7 status. See 37 CFR 1.27(g)(2).	
	Publication Fee (if require	d) will not be ac	ccepted from			viously paid issue fee to the ap nt; a registered attorney or ago	oplication identified above. ent; or the assignee or other party in	
Authorized Signature /William A. Di Bianca/					Date	November 2, 2009		
Typed or printed nam	me William A. Di Bianca				Registration No.	58,653		

A 11 12 N1 //) 10/701 000	A D. 1 . 1.1	ODINE 0 0 405
Application No. (I	if known): 10/784,629	Attorney Docket No.:	SPINE 3.0-437

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is be	ng transmitted via the	Office electronic f	filing system ir
accordance with 37 CFR 1.6(a)(4):			

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on November 2, 2009

Date

/William A. Di Bianca/				
Signature				
William A. Di Bianca				
Typed or printed name of person signing Certificate				
58,653	(908) 654-5000			
Registration Number, if applicable	Telephone Number			

Note: Each paper must have its own certificate of mailing.

Issue Fee Transmittal (1 page) Charge \$1,810.00 to deposit account 12-1095